FE5AN018

FORM 3

## REPORT OF RECEIPTS

15 JUL 20 AM 11: 24

For An Authorized Committee

				Uni	ice Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If ty over the lines		12FE4M5	
BEERS FOR US SEN	ATE 2016	1     1   1	<u> </u>	<u>                                     </u>	· · · · · · · · · · · · · · · · · · ·
		1     1   1	<u> </u>		
ADDRESS (number and street)	8250 W Charleston Blvd  Suite 100  LAS VEGAS  NV 89117  89117				
Check if different than previously reported. (ACC)					
2. FEC IDENTIFICATION NI	JMBER ▼	CITY	S	TATE A	ZIP CODE
C c00556985	71	S THIS X N EPORT (N	EW N) OR	AMENDED (A)	STATE ▼ DISTRICT
4. TYPE OF REPORT (Chr.  (a) Quarterly Reports:  April 15 Quarterly R  July 15 Quarterly R  October 15 Quarter  January 31 Year-En	Report (Q1) leport (Q2) ly Report (Q3) d Report (YE) (C) 30	Primary (1 Convention  Convention  Convention  Convention  Convention  General (3)	nn (12C)	General (12G)  Special (12S)  Runoff (30R)	in the State of Special (30S) in the State of St
5. Covering Period 04 / 01 / 2015 through 06 30 / 2015					
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  Type or Print Name of Treasurer  Charlie Roy					
Signature of Treasurer  Charlie Roy  Date  Date  Date					
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.					
Office Use Only				1	FEC FORM 3 (Revised 02/2003)